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## APPLICANTS

Kevin M. Ferguson, Beaverton, OR;

\*\* CONTINUING DATA \*\*\*\*\* *none ml*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none ml*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

## ADDRESS

30078

## TITLE

Relative channel delay measurement

<b>FILING FEE RECEIVED</b> 1060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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